



This varies according to age, but is more common in those with a mental health issue*

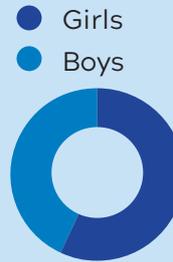


Self-harm in 11-15 year olds

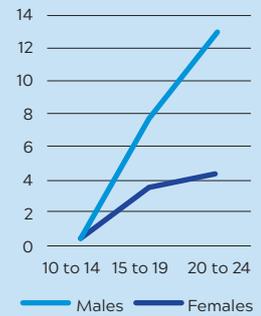
- No mental health difficulties
- Anxiety Disorder
- Conduct/ADHD



Girls self-harm more than boys



Suicide rates in CYP (England) per 100,000**



Self-Harm In children and young people

Family

- Family history of mental health difficulties
- Long term health conditions
- Abuse/neglect
- Domestic Violence
- Unreasonable expectations

Distraction Techniques

- Music
- Writing/keeping a diary
- Drawing/colouring
- Walk/physical activity
- Talking to trusted person
- Grooming/looking after an animal
- Helping someone else
- Watching television or a film
- Contacting a family member or a friend

Self-Soothing

- Discharge emotions
- Mindfulness/focus on the now
- Breathing exercises
- Having a bubble bath/ long shower with shower gel

Sources of Information

* Public Health England, 2017
 ** ONS (2018) Suicides in the UK: 2017 registrations
 ***PHE (2016) Mental health of children in England



Risk Factors***

Psychological

- Low self-esteem
- Social isolation
- Mental ill-health
- Bereavement
- Impulsivity
- Hopelessness
- LGBTQ (unsupported)

Social

- (Cyber) bullying/peer rejection
- Adverse childhood events (ACEs)
- Academic pressure
- Social media
- Police involvement
- Transitions
- Parental separation
- Alcohol/drugs



Support Strategies

Support Routes

- Parents/Carers
- School Health Nurses
- School counsellor
- Educational Psychologists
- Teachers
- CAMHS
- Childline 0800 1111
- Samaritans 116123
- Youngminds.org.uk



Oxfordshire Safeguarding Children Board

oscb.org.uk
 oscb@oxfordshire.gov.uk
 01865 815843

Guidance on information-sharing for Oxfordshire's self-harm networks

1 The following section is taken from the OSCB inter-agency safeguarding procedures:

1.1 Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require. It is essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from offending.

1.2 The sharing of information amongst professionals working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be vulnerable, in need or at risk of harm. Appropriate sharing with other practitioners and agencies is essential if children and families who may be in need of support and services are to be identified at an early stage before problems become serious. Sharing can also enable information from different cases to be put together and assist the process of assessing levels of concern and any potential risks.

1.3 In many instances a failure to pass on information that might have prevented a child suffering harm, would be far more serious and dangerous than an incident of unjustified disclosure.

1.4 Where there are concerns that a child may be being abused, there is no legal or ethical restriction on sharing information between Child Protection agencies. In most child protection investigations it would be highly unusual to request consent during the initial phase of an investigation because of the high risk of compromising the investigation. This is particularly the case when Police Officers and Social Workers are conducting a joint investigation. Information should always be exchanged when such disclosure is necessary for the purposes of Child Protection.

1.5 There is nothing to prevent disclosure of confidential information. Sharing information between agencies is lawful if:

1.5.1 Consent is given; or

1.5.2 The public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or

1.5.3 Disclosure is required under a statutory obligation eg. Local Authority duty to investigate all cases where there is reasonable cause to suspect a child is suffering or is likely to suffer Significant Harm (Section 47 Children Act 1989).

2 The Oxfordshire Self-Harm Networks are keen to ensure that information is shared for the purposes of safeguarding children and young people. Schools and organisations plan to share children's personal data where professionals are concerned to ensure that information is brought together in order to assess the level of concern and provide help to children and families. It is good practice to seek consent from the young person and his/her parents to share information, unless to do so would increase the risk of harm to the young person.

2.1 When self-harm is known or suspected to be associated with abuse, neglect or exploitation. Disclosure to Children's Social Care (the Local Authority) is necessary in order to investigate the likelihood of significant harm. This should be done directly by any agency which considers a child to be at risk, and not wait for a Network meeting to be held.

2.2 Sharing of the child's personal data amongst the professional agencies, represented at the Network, if the need to keep information confidential is overridden by the need to safeguard the child who is at risk of serious self-injury or suicide. This information-share consists of a regular list which enables agencies to check their records and bring together information which may indicate that a child is at risk of this level of harm, or expose a wider range of risk factors than first anticipated.

3 Information can be shared without parental consent in the following circumstances:

· Children who have disclosed or shown symptoms of abuse, exploitation or neglect in connection with an incident of self-harm

- Children who have been admitted to hospital as a consequence of self-harm
- Children who are believed to have self-poisoned (using legal or illegal medications/drugs/alcohol) caused a serious physical self-injury, or attempted suicide
- Children who express suicidal intent with a plan for their suicide (suicidal ideation)
- Children who go missing and self-harm
- Children whose self-harming is escalating (eg nos of incidents/seriousness)
- Where the professional's assessment is that the child's risk of self-harm/suicide attempts exceed the school and/or the parents' capacity to manage and keep the child safe, after the school and parents have discussed the risks.

4 The information compiled by the agencies is shared at the Network meeting so that:

4.1 Schools and agencies are reassured that children who reach the threshold for a child protection investigation (s47) are referred to Children's Social Care.

4.2 Children's needs are considered for referrals to services eg Camhs, EI hub etc which can promote and support the reduction of self-harm incidents

4.3 The police are appraised of any evidence of criminal activity or threats in the community that may be placing children at risk of harm.

4.4 Trends and patterns affecting children's health and wellbeing can be identified and addressed.

5 Children's names and details must be kept confidential within the network and kept in safeguarding files. When updating the data, names must be removed from the information-sharing list as soon as it is assessed that the risk of harm has been reduced.

6 This guidance has been reviewed by the LA Legal Advisor to ensure it is compliant with the OSCB Information-Sharing Protocol.